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APPLICANTS Phillip E. Cochran, Portland, OR; ** CONTINUING DATA ***** NONE J.Y. ** FOREIGN APPLICATIONS ***** NONE J.Y. IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 10/21/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>J. Guen</i> Initials: <i>JY</i>	STATE OR COUNTRY OR	SHEETS DRAWING 5	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
ADDRESS 23581 KOLISCH HARTWELL, P.C. 520 S.W. YAMHILL STREET SUITE 200 PORTLAND, OR 97204				
TITLE Dental x-ray film positioning instrument				
FILING FEE RECEIVED 411	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	